

PART B - FEE(S) TRANSMITTAL

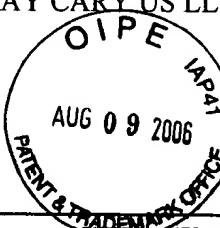
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35811 7590 05/11/2006

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	NAME NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/503,089	02/11/2000	Amanda J. Patel	1201-CIP3-00	6089

TITLE OF INVENTION: METHOD FOR THE IDENTIFICATION OF ANESTHETICS

08/10/2006 BABRAHAZ 00000058 09503089

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 700.00	\$0	\$1400	08/11/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
CANELLA, KAREN A	1643		435-003000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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1 DLA Piper

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Centre National de la Recherche Scientifique -- CNRS

France

France

AND Fabrice Duprat

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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Authorized Signature T. Daniel Christenbury

Date August 7, 2006

Typed or printed name T. Daniel Christenbury

Registration No. 31,750

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